

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND
1							51						
2	1	1					52						
3		1					53						
4		1					54						
5		12					55						
6		2					56						
7		2					57						
8		1					58						
9							59						
10							60						
11		1					61						
12	1						62						
13							63						
14							64						
15							65						
16							66						
17							67						
18	1						68						
19	1						69						
20							70						
21							71						
22							72						
23	1						73						
24	1						74						
25	1						75						
26							76						
27							77						
28	1						78						
29		1					79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	32						TOTAL CLAIMS						